

Change of Personal and/ OR Contact Details

Student Details:			
Students Name:			
Student I.D.:		Date:	
Course/s Enrolled in:			
Email Address:		Contact Number:	
Address			
Student's new Details (Please attached supporting documents if required)			
Current/ Changed to Address:			
State:		Post Code:	
Email Address:			
New Phone/Mobile Number:			
Student Name and Signature:		Date:	
Please return this completed form to the college. If sending by email, please send to info@ibm.vic.edu.au			
Office Use Only			
Request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Institute's Staff Signature:		Date:	